SUMMARY PROGRAM OF HABILITATION

This is a summary of the client's Habilitation plan on file at the program site. This summary does not replace nor is it a substitute for the Habilitation plan for this client, but is submitted to meet Title XIX and State Medicaid Agency requirements.

PROGRAM NAME:		CENTE	R #	
CLIENT NAME:	ASSIGNED QMRP			
AAMR DEFINED M	EASURED INTELLECTUAL L	EVEL:		
ADAPTIVE BEHAV	IOR LEVEL:			
DATE OF BIRTH:	MEDICAID #			
DATE OF INITIA	L TESTING AND/OR STAFF	ING:		
PERIOD COVERED	BY HABILITATION PLAN:	From date	to	date
ASSETS:	=======================================	DEFICITS:	=====	======
			=====	
MALADAPTIVE BE	HAVIORS:			
INITIAL HABILI	TATION PLAN:	=======	=====	
	:==========	========	======	======

(This is a controlled document provided to the Department of Mental Health/Mental Retardation and State Medicaid Agency for the purpose of Administration of the Home and Community Based Services specified under the Waiver in the Alabama State Medicaid Plan.)